

10 West Market Street Suite 1400 Indianapolis, IN 46204

The full service transportation law firm

www.scopelitis.com

Main: (317) 637-1777 Fax: (317) 687-2414

ANDREW K. LIGHT alight@scopelitis.com

September 6, 2017

VIA FEDERAL EXPRESS

Hon. Jocelyn Boyd Chief Clerk Public Service Commission of South Carolina 101 Executive Center Drive, Suite 100 Columbia, SC 29210

Re: All My Sons Moving & Storage of Charleston, Inc. d/b/a All My Sons Moving & Storage of Charleston Certificate 9792 - A

All My Sons Moving & Storage of Greenville, Inc. Certificate 9715 - F

Moving With Moxie, Inc. d/b/a All My Sons Moving & Storage of Hilton Head Certificate 9750



Dear Ms. Boyd:

In accordance with the attached e-mail received from Jeffrey M. Nelson, Esq., we have attached for filing name change applications on behalf of the above entities. Each of the entities has converted from a corporation to a limited liability company, and we seek name change approval to reflect the new LLC names as listed below:

- 1. All My Sons Moving & Storage of Charleston, LLC d/b/a All My Sons Moving & Storage of Charleston
- 2. All My Sons Moving & Storage of Greenville, LLC
- 3. Moving With Moxie, LLC d/b/a All My Sons Moving & Storage of Hilton Head

The LLC conversions did not result in any change to the federal ID number of the entities.

Indianapolis

Chicago
Washington, D.C. Los Angeles
Chattanooga
Detroit

Spokane
Dallas/Fort Worth
Milwaukee
Philadelphia/Mt. Ephraim
Tulsa
Salt Lake City

Page 2 September 6, 2017 Hon. Jocelyn Boyd

With the above in mind, enclosed are the following documents for each of the above entities relative to the name changes:

- 1. Transportation Cover Sheet
- 2. Application for Name Change (prepared in accordance with instructions from Mr. Nelson)
- 3. Certificates and Articles of Conversion from Delaware Secretary of State
- 4. Admission Approvals from South Carolina Secretary of State

We respectfully request Expedited Review and a Waiver of Notice and Hearing with regard to the name change applications. The parties intend to close the transaction in the next several days, and time is of the essence in obtaining name change approvals. It is our understanding that Form E and Form H insurance, a tariff and bills of lading must be filed in the new names with the Office of Regulatory Staff upon approval of the name changes.

Lastly, enclosed is an extra copy of this letter along with a self-addressed stamped envelope for your use in acknowledging receipt of the above filings. If you have any questions concerning this matter, please do not hesitate to contact me or Susan Laetsch of this office. Your assistance in this matter is appreciated.

Very truly yours.

Andrew K. Light

AKL/sl Enclosures

Office of Regulatory Staff

Jeffrey M. Nelson, Esq./via e-mail
HAUSers/Saletsch/WPDOCS/All My Sons-2017 HHG Project/Intrastate Filing Letters/Fax Covers/SC PSC-Hon Jocelyn Boyd-File Name Change Appeldocx



	Print Application	C	lear Fi	elds
STATE C	OF SOUTH CAROLINA)	· · · · · · · · · · · · · · · · · · ·	
(Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo)		BEFORE THE LIC SERVICE COMMISSION OF SOUTH CAROLINA
9792 from Charlesto Storage o	on for a Name Change on Certificate n All My Sons Moving & Storage of on, Inc. dba All My Sons Moving & f Charleston)) DOC) NUM) If this is you have a Doc	CKET ABEF our first cket Nu with the	time filing an application with the PSC, you will not mber. The Commission will assign one to you. If you commission before, a Docket Number was assigned
(Please type Submitted	or print) 1 by: Andrew K. Light	Telepho	ne:	317-637-1777
Address:	Scopelitis Garvin Light Hanson & Feary	Fax:		317-687-2414
	10 W Market Street, Suite 1400	Other:		
	Indianapolis, IN 46204	Email:	aligi	nt@scopelitis.com
be filled out	NATURE OF ACT	ION (Check all	that a	pply)
Applica	ation - Class A/A Restricted			Lequest for Name Change on Certificate
Applica	ation - Class C Taxi		R	equest to Amend Scope of Authority
Applica	ation - Class C Charter		☐ R	equest to Amend Tariff (rate increase, etc.)
Applica	ation - Class C Charter Bus		R	equest to Amend Passenger Limit
Applica	ation - Class C Non-Emergency		R	equest
Applica	ation - Class C Stretcher Van		E	xhibit
Applica	ation - Class E Household Goods		L	ate-Filed Exhibit
Applica	ation - Class E Hazardous Waste		L	etter
Applica	ation		P	roposed Order
Reques	t for Extension to Comply with Order		□ P	ublisher's Affidavit
	for Order Granting Authority to Obtain a Certific	ate	☐ R	eservation Letter
	c Convenience and Necessity to be Rescinded		☐ R	esponse
	Request for Cancellation of Certificate Return to Petition			
	for Suspension		□ 0	ther;
Request	for Reinstatement			

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Name Change Application:

All My Sons Moving & Storage of Charleston, Inc. d/b/a All My Sons Moving & Storage of Charleston Certificate 9792

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

Phone: (803) 896-5100

FAX: (803) 896-5199

APPLICATION FOR SALE, TRANSFER, OR LEASE OF CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	Date: 08/29/2017
IMPORTANT! A current annual report must be on fi	le with the Commission <u>before</u> application will be accepted.
•	
Select Class: (Check one)	
⊠ E (HHG) - Household Goods	
E (HAZ) - Hazardous Material	
	.e.
Type of Application: (Check one) Sale of Certificate Transfer of Certificate	
Lease of Certificate	
1. All My Sons Moving & Storage of Charleston, Name under which business is to be conducted (corporati	LLC d/b/a All My Sons Moving & Storage of Charleston on, partnership, or sole proprietorship, with or without trade name.
3749 Ashley Phosphate	Blvd., North Charleston, SC 29418
מוופנו או	idiess of Approant
2400 Old Mill I	Rd., Carrollton, TX 75007
	cant if different from street address
843-480-4333 Phone	888-486-5298 FAX
	le 11-i-i
saiety@ Er	allmysons.com nall Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3,	Select Entity Type: (Che	ck one)	
	☐ Individual Owner/S	Sole Proprietorship	
	Partnership - List	names and address of all person having an interest in t	he business.
	Corporation - List	names and addresses of two principal officers.	
	N/A - LLC		
	117. 220		
4	• •	to provide intrastate transportation of household good	ds in another state: (Check one.)
	O Yes	No	
	If yes, attach a letter regulations of said st	firom the regulatory agency in the state(s) stating applicant ate agency.	t is in compliance with the rules and
5.	Has applicant been co by the rules and regul other state? (Check or	nvicted of operating with no intrastate household good ations pertaining to the intrastate transportation of house.)	ds authority or failure to abide usehold goods in this state or any
	O Yes	⊙ No	
	If yes, list dates and i	nature of convictions below.	
			п
_		d a certificate authorizing the transportation of househ	and goods revoked in this state or
0.	any other state? (Chec		iola goods revoked in this state of
	O Yes	No	
	If yes, list dates and	l nature of convictions below.	

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

N/A

Applicant's assets and liabilities are as follows:

Assets:	<u>Liabilities:</u>	
Value of Real Estate	Mortgage/Loan on Real Estate	
Value of Motor Vehicles	Loans Owed on Motor Vehicles	
Cash on Hand	Business/Other Loans Owed	
Cash in Bank	Other Liabilities or Debts	
Value of Other Assets and Equipment	Total Liabilities	
Total Assets		

INSTRUCTIONS:

- 1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
- 2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
- 3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
- 4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
- 5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
- 6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
- 7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
- 8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
- 9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salarles, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

N/A	
	*
	¥
AND AREA(S	S) TO BE SERVED
rate)	
	AND AREA(

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	CARRYING CAPACITY *
WAKE	YEAR & MODEL	VIIN	DIVII 1 1	
				la .
_				
				1
	47.7			
<u> </u>				
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
			*	
		2		

^{*} Number of seats if passenger carrier or tonnage if freight carrier.

N/A

INSURANCE QUOTE

This form MUST BE COMPLETED.	
The following insurance quote is for:	
Na	me of Motor Carrier
3.0	
Add	iress of Motor Carrier
Amount of Premium:	Limits Quoted: (See Below)
Liability Insurance \$	Limits
Cargo Insurance \$ ———	Limits —
* Attach Certificate of Insurance if available.	
	of Insurance Company ffice Address of Company
I, the Applicant, am familiar with the Commission the above quote meets the minimum insurance liauthorized by the South Carolina Department of	n's Rules and Regulations relating to insurance requirements and nits prescribed. The insurance company making this quote is insurance to do business in South Carolina.
* Form E and Form H Certificates of Insurance are requininum limits for Household Goods carriers are listed	ired to be filed with the Office of Regulatory Staff (ORS). The schedule of below:
Vehicle liability for vehicles less than 10,000	
Vehicle liability for vehicles 10,000 lbs. or n	
Cargo - For loss of or damage to property car	ried on any one motor vehicle \$ 2,500

NOTICE:

any one time and place

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

For loss of or damage to or aggregate of losses or damages of or to property occurring at

\$ 5,000

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state. sc.us/self-insurance.

Exhibit FWA

				N	ame	
1. Do	oes Ap	plicant have a S	afety Rating	from the U.S.E).O.T.?	
С) Yes		O No		O Pending	(Submit when received.)
Ŭ		Yes, indicate ra	_	nd provide copy	-	(Bubline When reserved.)
	0	~	_	Conditional		nsatisfactory
		of Applicant's welve (12) mor		hicles been plac	ced "out of ser	vice" by Transport Police safety officers in
С) Yes		O No			
3. Ar	e there	currently any o	outstanding it	ıdgement(s) agı	ainst the Appli	icant?
) Yes	•	O No		••	
If	"Yes",	list judgements	here:			
lav	vs that		motor carrie	r operations in		fety regulations and workers' compensation a, and does Applicant agree to operate
0	Yes		O No			
	Applic rewith		: Commission	n's insurance re	quirements an	d the insurance premium costs associated
0	Yes		, O No "			
	ission,					rance premiums. At the discretion of the rovide copy of insurance policies unless
						<u> </u>
This .	_	WORN TO BEFO		20		Applicant's Signature
Notary	Public					
·	ission E	xpires				ä

	TE OF SOUTH CAROLINA)	
COU	NTY OF)	N/A
	CERTIFICATE	
	This Certificate is furnished by the undersigned in compliance with	ı
	Rule 103-135 (3)(b) of the Rules and Regulations of the Public Service	e
	Commission of South Carolina in connection with the transfer of	
	authority to	·
	The undersigned states that the assets listed on the enclosed Bill of Sa	le
	of	
	are being transferred including the authority granted in Certificate	
	No issued by the Public Service Commission of Sout	h
	Carolina; that there are no debts or claims against the transferor; no	
	unremitted COD or collections due shippers; no claims for loss of	
	or damage to goods transported or received for transportion; no claim	S
	for overages on property transported; no interline accounts due other	
	carriers; and no wages due employees of the transferor.	
		105
	SWORN TO BEFORE ME	
This	day of, 20	
Notary P		
O	alan Buniyas	

The Public Service Commission of South Carolina Application for the Sale or Transfer of Certificate of Public Convenience and Necesssity

sthouit	der of Class E Certificate of Public Conver by be granted said holder of Certificate to s	ience and Ne	cessity No.	respectfully requests the
unoru urchas	er or tranferee, and for the purpose of enal	en or transter ding the Com	mission to determine	whether or not this application sho
gran	ted, the following information is submitted	l : .		
1.		Name of C	wner or Transferor	
		114111001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			Address	
	Email Address		192	Phone
2.				
۷,	****	Name of Pu	rchaser or Tranferee	
			Address	
				Phone
	Email Address Check one: O Corporation		O Partnership	Individual
	Date organized:		Submit a copy of the part	nership
	State of Incorporation:		agreement and a list of in composing the partnershi	
4.	exception(s): The Certificate to be transferred is attached.			
5.	Are there now any liens, mortgages, or debts i	n effect over, a	gainst, or in any way aff	ecting this certificate?
	·		ring dates, amounts and i	
6.	Is the proposed sale or transfer being made in	any way for th	e purpose of hindering, d	elaying, or defrauding creditors?
	No Yes			
	GIVEN under our hand this	day of		20
	Owner	or Transferor		
	Owner			
	Owner	Ву _		
		By ₋ Title ₋		
	Purchaser SWORN TO BEFORE ME	By Title or Transferee By	π.	
ıis _	Purchaser	By Title or Transferee By		

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 EXECUTIVE CENTER DRIVE, SUITE 100 COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.10, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:	
The Applicant AGREES to receive future Commission orders relational through the Commission's eService System. The Applicant authorization and address as it appears on page one of this Application. To sign gov to create a My DMS account.	rizes the Commission to serve its orders by using the e-
The Applicant DOES NOT AGREE to receive future Commission Carolina through the Commission's eService System.	orders related to the Applicant's authority in South
STATE OF TEXAS COUNTY OF DENTON	The state of the s
COUNTY OF DENTON	Applicant's Signature
IChris Generale ,	President
Name of Applicant's Representative	Title
of All My Sons Moving & Storage of Charleston, LLC di	
Applican	t
the Applicant for the Certificate of Public Convenience and affirm that all statements contained in the above application	· · · · · · · · · · · · · · · · · · ·

This day of the 20 17

Notary Public

Commission Expires

JESSICA RENEE YOUNG
Notary Public, State of Texas
My Commission Expires
June 17, 2018

Signature of Applicant's Representative

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Applicant's Name Safety Certification If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows: Applicant has access to and if familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it: 1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations; 2. Can produce a copy of the FMCSR and the HM regulations; 3. Has in place a driver safety/orientation program; 4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C; 5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392; 395 and 396); 6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable). Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked. PLEASE CHECK THE APPROPRIATE RESPONSE BELOW: O Yes O Not Applicable Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows: Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines. PLEASE CHECK THE APPROPRIATE RESPONSE BELOW: O Yes O Not Applicable , verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME
This _____ day of ______, 20_____
Applicant's Signature

Notary Public

Commission Expires

Print Application

Aug 25 2017 REFERENCE ID: 1708251302014

Mark Hammond

File ID: 170817-1056468 Filing Date: 08/14/2017

STATE OF SOUTH CAROLINA SECRETARY OF STATE

APPLICATION FOR AN AMENDED CERTIFICATE OF AUTHORITY BY A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

Pursuant to Section 33-15-104 of the 1976 South Carolina Code of Laws, as amended, the undersigned corporation hereby applies for an amended certificate of authority to transact business in the State of South Carolina and for that purpose submits the following statement:

1.	The name of the corporation is:
	All My Sons Moving & Storage of Charleston, Inc.
1A	The above named corporation received a Certificate of Authority to transact business in South Carolina on 5/7/2012
2.	This application is filed for the following reason (complete all applicable items):
	a. The corporation has changed its corporate name as follows:
	All My Sons Moving & Storage of Charleston, LLC
•	b. The corporation has changed its duration to
	c. The corporation has changed the state or country of its incorporation to
3.	The name of the corporation for the purpose of transacting business in South Carolina is (See Sections 33-4-101 and 33-15-106) and see Section 33-19-500(b)(1) if the corporation is a professional corporation
	All My Sons Moving & Storage of Charleston, Inc.
4,	It is incorporated as (check applicable item) X a general business corporation, a professional corporation under the laws of the state of
5.	The date of its incorporation is 2/2/2012 and the period of its duration is Perpetual
6.	The address of the principal office of the corporation in the jurisdiction of its incorporation is: 251 Little Falls Drive
	(Street Address) Wilmington, DE 19808 (Cliy, State, Zip Code)

> Aug 25 2017 REFERENCE ID: 1708251302014

Mark Hammand

		Name of Corpor
The address of the registered office in the state of	f South Carolina la:	•
1703 Laurel Street		
(Street Address)		
Columbia	South Carolina	29201
(aly)		Zip Code)
The name of the registered agent in this state at	auch address is	
Corporation Service Company		•
(Name)		
The name and usual business address of the corname and address of the persons who are exercicorporation) and principal officers:	poration's directors (if the corporation his ing the statutory authority of the direct	as no directors, then the lors on behalf of the
Robert Peterson	91 G .	
(Director Name)		*1
2400 Old Mili Road		
(Business Address)		
Carrollton, TX 75007		
(City, State, Zip Code)		
(Director Name)		*
(Director, Italia)	4	
•	, and the second	
(Business Address)		
Mile Clate Zin Code)	ES	i i
(City, Stelle, Zip Code)		
(Director Name)		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		:5
(Duslance Address)		
(Business Address)		
(Business Address) (Cliy, State, Zip Code)		
(City, State, Zip Code)	·	
(City, State, Zip Code) Chris Generale		
(City, State, Zip Code) Chris Generale (Principal Officer Name)		
(City, State, Zip Code) Chris Generale (Principal Officer Name) President	•	
(City, State, Zip Code) Chris Generale (Principal Officer Name)		

All My Sons Moving & Storage of Charleston, Inc.

> Aug 25 2017 REFERENCE ID: 1708251302014

Mule Hammand

With the Marian	All My Sons Moving & Storage of Charleston, Inc.
	*
	Name of Corporati
Carroliton, TX 75007	
(City, State, Zip Code)	8
Julian Gomez	
(Principal Officer Name)	*
Assistant Secretary	
(Principal Officer Position)	
2400 Old Mili Road	
(Address)	
Carroliton, TX 75007	
(City, State, Zip Code)	
Nick Bouras	
(Principal Officer Name)	
CFO	
(Principal Officer Position)	N. C.
2400 Old Mili Road	• •
(Address)	
Carroliton, TX 75007	
(City, State, Zip Code)	
 The aggregate number of shares which the cor within a class: 	poration has authority to lesue, itemized by classes and series, if an
Class of Shares (and Series, if any)	Authorized Number of Each Class (and Series)
Common Voting	1600
Common Non-Voting	1500
•	· *
11. Unless a delated date is specified, this applicat	on shall be effective when accepted for filling by the Secretary of
State (See Spotion 33-1-230):	
C/10/01/7	
Date: 10 001	
Name of Corporation:	
All My Sone Moving & Storage of Charleston, INc.	
Signature of Officer	,
Chris Generale	
Type or Print Name	
President	
Position of Officer	

> Aug 25 2017 REFERENCE ID: 1708251302014

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ALL MY SONS MOVING & STORAGE OF CHARLESTON, INC. " FILED A CERTIFICATE OF CONVERSION, CHANGING ITS NAME TO "ALL MY SONS MOVING & STORAGE OF CHARLESTON, LLC", ON THE SEVENTEENTH DAY OF JULY, A.D. 2017, AT 4:07 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALL MY SONS MOVING & STORAGE OF CHARLESTON, LLC", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELANARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALL MY SONS MOVING & STORAGE OF CHARLESTON, LLC" NAS FORMED ON THE SECOND DAY OF FEBRUARY, A.D. 2012.

5103993 8321 SR# 20175653274

Authentication: 203031662

Date: 08-09-17

You may verify this certificate online at corp.delaware.gov/authver.shtml

Aug 25 2017 · REFERENCE ID: 1708251302014

Mark Hemmond

STATE OF DELAWARE CERTIFICATE OF CONVERSION FROM A CORPORATION TO A LIMITED LIABILITY COMPANY PURSUANT TO SECTION 18-214 OF THE LIMITED LIABILITY COMPANY ACT

- 1.) The jurisdiction where the Corporation first formed is Delaware.
- 2.) The jurisdiction immediately prior to filing this Certificate is Delaware.
- 3.) The data the corporation first formed is February 2, 2012.
- 4.) The name of the Corporation immediately prior to filing this Certificate is All My Sons Moving & Storage of Charleston, Inc.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is All My Sons Moving & Storage of Charleston, LLC.

day of, A.D	ed have executed this Cortificate on the
	By:Authorized Person
	Val Boros

Print or Type

Aug 25 2017 REFERENCE ID: 1708251302014

Mule Hammard

CERTIFICATE OF FORMATION OF

ALL MY SONS MOVING & STORAGE OF CHARLESTON, LLC

THIS CERTIFICATE OF FORMATION of ALL MY SONS MOVING & STORAGE OF CHARLESTON, LLC (the "LLC"), dated July 17, 2017 is being duly executed and filed by Mary Elizabeth M. Browder, Esquire, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 Del. C. \$18-101, et seq.) (the "Act").

FIRST: The name of the limited liability company formed hereby is All My Sons Moving & Storage of Charleston, LLC.

SECOND: The address of the registered office of the LLC in the State of Delaware is 251 Little Falls Drive, New Castle County, Wilmington, Delaware 19808 and the name of the Registered agent at such address is Corporation Service Company.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation as of the date first above written.

Mary Olizaben M. Browder, Esquire

Authorized Person